

REPORT OF THE COMMITTEE ON BUDGET

Voting Members:

Ernest Y. Martin, Chair; Tulsi Gabbard Tamayo, Vice-Chair;
Stanley Chang, Breene Harimoto, Ann H. Kobayashi

Committee Meeting Held
January 12, 2011

Honorable Nester R. Garcia
Chair, City Council
City and County of Honolulu

Mr. Chair:

Your Committee on Budget, which considered Resolution 10-336 entitled:

“RESOLUTION AUTHORIZING THE DIRECTOR OF COMMUNITY SERVICES,
OR THE DIRECTOR’S DESIGNEE, TO APPLY FOR AND ACCEPT GRANT
FUNDS UNDER THE U. S. DEPARTMENT OF HOUSING AND URBAN
DEVELOPMENT’S 2010 CONTINUUM OF CARE HOMELESS ASSISTANCE
PROGRAMS, AND TO ENTER INTO INTERGOVERNMENTAL AGREEMENTS
RELATED THERETO,”

transmitted by Communication D-860, dated December 13, 2010, from the Department
of Community Services, reports as follows:

The purpose of the Resolution is to authorize the Director of Community Services
or the Director’s designee to apply for and accept grant funds under the U.S.
Department of Housing and Urban Development’s 2010 Continuum of Care Homeless
Assistance programs, and to enter into intergovernmental agreements related thereto.

Your Committee considered and approved a posted proposed CD1 version that
removes the language concerning the acceptance of funds.

CITY COUNCIL
CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII

ADOPTED ON JAN 26 2011

COMMITTEE REPORT NO. 15

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Page 2

Your Committee on Budget is in accord with the intent and purpose of Resolution 10-336, as amended herein, and recommends its adoption in the form attached hereto as Resolution 10-336, CD1. (Ayes: Martin, Chang, Gabbard Tamayo, Harimoto, Kobayashi – 5.)

Respectfully submitted,



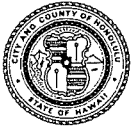
Committee Chair

CITY COUNCIL

CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII

ADOPTED ON JAN 26 2011

COMMITTEE REPORT NO. 15



CITY COUNCIL

CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII

No. 10-336, CD1

RESOLUTION

AUTHORIZING THE DIRECTOR OF COMMUNITY SERVICES, OR THE DIRECTOR'S DESIGNEE, TO APPLY FOR GRANT FUNDS UNDER THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S 2010 CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS, AND TO ENTER INTO INTERGOVERNMENTAL AGREEMENTS RELATED THERETO.

WHEREAS, Chapter 1, Article 8, Revised Ordinances of Honolulu 1990, requires that when carrying out the provisions of any intergovernmental agreement, all applications and/or amendments thereof, statistical data programs, reports or other official communications which support the application and which are required to be provided by the City and County of Honolulu or its component departments to any other governmental or quasi-governmental agency shall be presented to the City Council for its review and approval; and

WHEREAS, since 1996, the Department of Community Services has applied for and been awarded federal funds made available under the Continuum of Care Homeless Assistance Programs administered by the U.S. Department of Housing and Urban Development (HUD); and the City and County of Honolulu again seeks approval for its application in 2010 for various new grants and renewals of existing grants; and

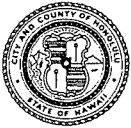
WHEREAS, the City possesses the legal authority to apply for and ability to execute the Continuum of Care Homeless Assistance grants; and

WHEREAS, HUD under the Continuum of Care programs has awarded grant funds to Honolulu ranging between \$3.7 million and \$8.8 million each year since 1996 for programs carried out by nonprofit agencies on Oahu; and

WHEREAS, the nonprofit agencies receiving funds shall be responsible for obtaining required matching funds, and the City will use federal funds to fulfill its matching funds requirement; and

WHEREAS, HUD has announced the availability of funds through the issuance of a Notice of Funding Availability dated September 27, 2010, a copy of which is attached hereto as Exhibit A; and

WHEREAS, Honolulu's receipt of such Continuum of Care grant funds has assisted many persons experiencing homelessness in obtaining a safe place to live and needed services, as well as transitioning to permanent housing with supportive services; and without such grant funds, the degree of homelessness in our community would be significantly higher; now, therefore,



RESOLUTION

BE IT RESOLVED by the Council of the City and County of Honolulu that the application to be submitted by the Director of Community Services (the "Director") for Continuum of Care grant funds is hereby approved; and

BE IT FURTHER RESOLVED, that the Director should promptly forward to the Council, a copy of the grant application upon its full completion; and

BE IT FURTHER RESOLVED, that the Director or the Director's duly authorized representative is hereby authorized to enter into intergovernmental agreements in connection with the 2010 Continuum of Care grant funds, or amendments thereto; and

BE IT FINALLY RESOLVED that the Clerk be, and is hereby directed to, forward copies of this Resolution to the Director of Community Services.

INTRODUCED BY:

Nestor Garcia (BR)

DATE OF INTRODUCTION:

December 15, 2010
Honolulu, Hawaii

Councilmembers

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): HI-501 - Honolulu CoC

CoC Lead Agency Name: City and County of Honolulu

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Partners In Care (PIC)

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Partners in Care (PIC) is involved in various homeless awareness, advocacy, and planning issues. PIC meets monthly so that subcommittees can update the group on the status of activities and to vote on issues that require group decisions. Homelessness issues reported in the media, funding status, and advocacy concerns are also presented and discussed at meetings. In addition, these meetings feature agency presentations to educate members about services being provided by partner organizations. Presentations include status updates of McKinney-Vento-funded projects. Announcements are also made about upcoming events, donation requests, shelter/housing openings, employment opportunities, and related community matters.

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

While PIC is not an officially recognized legal entity, it is a body that has a set of By-laws that governs its operations and a bank account in its name to conduct business, such as sponsorship of its annual Homeless Awareness Conference and other activities. PIC also applied for and was awarded an Aloha United Way grant in the past year to support a part-time staff person through affiliation with a member non-profit agency. PIC also voted to prioritize HUD McKinney-Vento funding for housing projects over supportive services only, and to prioritize performance when evaluating project proposals. Discussions continue about the risks and benefits of incorporating into a 501(C)3.

Indicate the percentage of group members that represent the private sector: 95%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

* Indicate the selection process of group members:
(select all that apply)

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

Specify "other" process(es):

Open to the community. PIC actively recruits more homeless constituents and entities that are not known to be primarily homeless providers.

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

PIC is open to all interested individuals & groups in the community (no election for membership). CoC-funded providers must participate. Agencies appoint key staff to attend meetings including homeless/formerly homeless persons. All members take part in decision-making and elect the Executive Committee members, which include committee chairs. Opening membership to the community allows PIC to benefit from the strengths of groups representing diverse civic, church, government, non-profit and for-profit sectors. The PIC membership committee invites groups and individuals on a continuous basis. Informational notices are publicly disseminated through email & community notices. Information packets & orientation are provided to new members.

* Indicate the selection process of group leaders:
(select all that apply):

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Not applicable.

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes, there is sufficient capacity within the CoC to use administrative funds to: implement & oversee activities (including project monitoring); improve collaboration, integration, and service delivery to homeless clients; help the CoC seek matching & expansion funds from other entities (i.e. Aloha United Way, private foundations, State Legislature); improve the HMIS to quantify project & system performance success; and allow for further development & technical assistance to CoC members in data collection and analysis, and program evaluation since the HMIS Administrator and City employees (current administrative support) recently experienced furloughs.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive	Plans monthly PIC general meetings. Reviews and approves the CoC application in partnership with the CoC Lead. Identifies trends, issues and convenes task groups as necessary to address them. Foci for advocacy and public awareness are decided in this forum.	Monthly or more
Planning	Primary liaison to State & City homeless planning divisions & Interagency Council on Homelessness. Coordinates subcommittee/work groups for 10-year plan and discharge planning. Lead for HMIS communication with Administrator and review process for CoC renewals. Works with the CoC Lead in completing Exhibit 1.	Monthly or more
Data Committee	Plans and coordinates the PIT count for the City and County of Honolulu. Reviews HMIS functionality	Monthly or more
CoC Proposals Evaluation	Reviews, scores, and ranks new projects applying for CoC funding. Committee members comprised of two PIC members, two community members, and one member from the City & County of Honolulu.	annually (every year)
CoC Renewals Evaluation	Reviews projects applying for CoC renewal. Conducts site visits for selected renewal projects. Provides recommendations for technical assistance to projects that need improvement.	semi-annually (twice a year)

If any group meets less than quarterly, please explain (limit 750 characters):

The CoC Application Evaluation and CoC Renewal Evaluation groups meet in person less than quarterly; however, planning to determine the evaluative criteria and procedures is done through the Planning Committee which meets monthly. In addition, extensive e-mail communication occurs between the CoC and members performing the evaluations to provide information, instructions, and clarification.

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Affordable Housing and Homeless Alliance	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Catholic Charities Hawaii	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Child and Family Service	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Department of Community Services, City and Coun...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Adult Mental Health Division, State Department ...	Public Sector	State g...	None	Seriously Me...
Family Promise of Hawaii	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Gregory House Programs	Private Sector	Non-pro..	Primary Decision Making Group	HIV/AIDS
Hale Kipa, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Hawaii Helping the Hungry Have Hope (H5)	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Hawaiian Hope	Private Sector	Non-pro..	None	NONE
Health Care for the Homeless Project, Kalihi-Pa...	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Hina Mauka	Private Sector	Non-pro..	Primary Decision Making Group	Substance Abuse
Holomua Na 'Ohana	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Ho'omau Ke Ola	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse

Housing Solutions, Incorporated	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Hawaii Public Housing Authority	Public Sector	Publi c ...	Lead agency for 10-year plan	NONE
IHS, the Institute for Human Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Legal Aid Society of Hawaii	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Se...
Mental Health Association of Hawaii	Private Sector	Non-pro..	Primary Decision Making Group	Seriousl y Me...
Network Enterprises	Private Sector	Non-pro..	Primary Decision Making Group	Veteran s
Hepatitis Support Network of Hawaii	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Kahikolu Ohana Hale O Waianae	Private Sector	Non-pro..	None	NONE
Parents and Children Together	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Mental Health Kokua/Safe Haven	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
The Salvation Army - Addiction Treatment Services	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substan ce Abuse
The Salvation Army - Family Treatment Services	Private Sector	Faith -b...	Primary Decision Making Group	Substan ce Abuse
River of Life Mission	Private Sector	Faith -b...	None	NONE
Social Security Administration	Public Sector	Stat e g...	None	NONE
Oahu WorkLinks	Public Sector	Loca l w...	None	NONE
Steadfast Housing Development Corporation	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
United States Veterans Initiative - Hawaii	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Su...
Volunteer Legal Services Hawaii	Private Sector	Non-pro..	Primary Decision Making Group	NONE

Waianae Community Outreach	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Waikiki Health Center	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Windward Spouse Abuse Shelter	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Aloha United Way	Private Sector	Funder...	None	NONE
Department of Veterans' Affairs	Public Sector	Other	Primary Decision Making Group	Veterans
University of Hawaii, School of Nursing	Public Sector	School...	None	NONE
University of Hawaii - Center on the Family	Public Sector	School...	None	Youth
Department of Budget and Fiscal Services, City ...	Public Sector	Local g...	None	NONE
Office of Community Services, State of Hawaii	Public Sector	State g...	None	NONE
Women in Need	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Street Beat	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Nancy Cullen	Private Sector	Other	None	NONE
Lenny N.	Individual	Homeless	None	Seriously Me...
Myron L.	Individual	Homeless	None	Veterans
Waianae Coast Comprehensive Health Center	Private Sector	Hospita..	Primary Decision Making Group	Substance Abuse
Honolulu Police Department	Public Sector	Law enf...	None	NONE
Partners in Development Foundation	Private Sector	Non-pro..	None	Youth
Helping Hands Hawaii	Private Sector	Non-pro..	Primary Decision Making Group	Seriously Me...
Hawaii Community Foundation	Private Sector	Funder...	None	NONE

Catholic Charities Hawaii Development Corporation	Private Sector	Other	Primary Decision Making Group	NONE
Hawaii Housing Development Corporation	Private Sector	Other	Primary Decision Making Group	NONE
Alternative Structures International	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Honolulu Community Action Program	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Domestic Violence Action Center	Private Sector	Non-pro..	Primary Decision Making Group	Domestic Vio...
Kokua Kalihi Valley Comp. Family Services	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Project DATE	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Milly T.	Individual	Other	Primary Decision Making Group	NONE
Gloria E.	Individual	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
VJ P.	Individual	Other	Committee/Sub-committee/Work Group	NONE
Doris C.	Individual	Formerl..	Committee/Sub-committee/Work Group	NONE
Desiree V.	Individual	Other	Primary Decision Making Group	NONE
Leeward Housing Coalition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Affordable Housing and Homeless Alliance

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Transportation, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Catholic Charities Hawaii

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Child Care, Life Skills, Utilities Assistance, Transportation, Rental Assistance, Employment
(select all that apply)

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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Child and Family Service

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub
(select all that apply) committee/Work Group

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case
(select all that apply) Management, Life Skills, Transportation, Alcohol/Drug Abuse

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Department of Community Services, City and County of Honolulu

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Rental Assistance, Employment
(select all that apply)

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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Adult Mental Health Division, State Department of Health

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable, Street Outreach, Case Management, Mental health, Alcohol/Drug Abuse
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Family Promise of Hawaii

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Healthcare, Legal Assistance, Transportation, Rental Assistance, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Gregory House Programs

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Mortgage Assistance, Rental Assistance, HIV/AIDS
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable.

Name of organization or individual: Hale Kipa, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Transportation, Rental Assistance, Employment
(select all that apply)

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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hawaii Helping the Hungry Have Hope (H5)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Transportation, Soup Kitchen/Food Pantry
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hawaiian Hope

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Health Care for the Homeless Project, Kalihi-Palama Health Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Mobile Clinic, Transportation, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hina Mauka

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Holomua Na 'Ohana

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Ho`omau Ke Ola

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Life Skills, Transportation, Alcohol/Drug Abuse, Employment, Soup Kitchen/Food Pantry
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Housing Solutions, Incorporated

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Healthcare, Mental health, Legal Assistance, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hawaii Public Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Lead agency for 10-year plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: IHS, the Institute for Human Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry, Street Outreach, Life Skills, Healthcare, Mental health, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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 - Type of membership: Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented: No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Legal Aid Society of Hawaii

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mental Health Association of Hawaii

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Network Enterprises

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Education, Case Management, Life Skills, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hepatitis Support Network of Hawaii

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Healthcare
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Kahikolu Ohana Hale O Waianae

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Child Care, Life Skills, Transportation, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Parents and Children Together

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mental Health Kokua/Safe Haven

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Transportation, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Salvation Army - Addiction Treatment Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Alcohol/Drug Abuse, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Salvation Army - Family Treatment Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Alcohol/Drug Abuse, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: River of Life Mission

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Social Security Administration

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Oahu WorkLinks

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local workforce investment act boards
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Life Skills, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Steadfast Housing Development Corporation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United States Veterans Initiative - Hawaii

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Volunteer Legal Services Hawaii

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Waianae Community Outreach

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Healthcare, Legal Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Waikiki Health Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Mobile Clinic, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Windward Spouse Abuse Shelter

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Rental Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Aloha United Way

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Department of Veterans' Affairs

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Not Applicable, Street Outreach, Case Management, Life Skills, Mortgage Assistance, Healthcare, Mental health, Rental Assistance, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name: Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: University of Hawaii, School of Nursing

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: University of Hawaii - Center on the Family

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Department of Budget and Fiscal Services, City and County of Honolulu

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Office of Community Services, State of Hawaii

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Women in Need

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Transportation
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name: Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Street Beat

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name: Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nancy Cullen

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Lenny N.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name: Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Myron L.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Waianae Coast Comprehensive Health Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Healthcare, Mental health, Rental Assistance, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name: Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Honolulu Police Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Partners in Development Foundation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Street Outreach, Child Care, Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Helping Hands Hawaii

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Life Skills, Utilities Assistance, Mental health, Rental Assistance, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hawaii Community Foundation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Charities Hawaii Development Corporation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name: Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hawaii Housing Development Corporation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Alternative Structures International

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Child Care, Life Skills, Mental health, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Honolulu Community Action Program

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Utilities Assistance, Life Skills, Mental health, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Domestic Violence Action Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Kokua Kalihi Valley Comp. Family Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Healthcare, Mental health
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Organization name: Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Project DATE

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Street Outreach, Life Skills, Healthcare, Mental health, Soup Kitchen/Food
(select all that apply) Pantry, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Milly T.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Gloria E.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name: Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership: Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented: No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: VJ P.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.

- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Doris C.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Desiree V.

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Leeward Housing Coalition

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)

a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply)

b. Review CoC Monitoring Findings, g. Site Visit(s), q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply)

a. Unbiased Panel/Review Committee

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

Not applicable.

1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ☐ Not Applicable ☐ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

A transitional shelter was reclassified as an emergency shelter in the 2010 Housing Inventory Chart and a new shelter with 31 emergency shelter beds opened.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Not applicable.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

A transitional shelter was reclassified to an emergency shelter in the 2010 Housing Inventory Chart and a new shelter with 43 transitional shelter beds opened.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The Honolulu CoC was awarded 80 HUD VASH vouchers in 2010. The 2010 Housing Inventory Chart includes a project with 33 beds that has existed since 2007, but joined the CoC in 2010. Several S+C projects agreed to increase their designated chronically homeless beds during the past year.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply) HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation, HMIS

Must specify other:

Not applicable.

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, HMIS data, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

The CoC employed the HUD unmet need formula with data from the unsheltered and sheltered point-in time counts and housing inventory. Initial results were reviewed and compared with shelter and permanent supportive housing wait list data in the HMIS. Discussions with stakeholder/providers took place to further refine the numbers based on their input.

2A. Homeless Management Information System (HMIS) Implementation

Instructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area: Statewide

Select the CoC(s) covered by the HMIS: HI-500 - Hawaii Balance of State CoC, HI-501 -
(select all that apply) Honolulu CoC

Is the HMIS Lead Agency the same as the CoC Lead Agency? No

Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Integrated Homeless Management Information System

What is the name of the HMIS software company? Hybrid International, LLC

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 07/01/2003
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate ongoing user training and/or users
(select all the apply): groups, Inadequate staffing, Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

Not applicable.

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The Honolulu CoC is initiating these activities to overcome barriers affecting HMIS implementation. The CoC allocated 2% of the HHN amount to an HMIS dedicated project that will: ensure data integrity to improve needs assessment, resource allocation and service coordination; provide training to homeless service programs and improve the ability of programs to both enter and utilize data within the system; improve the accuracy and ease of reporting at all levels; and ensure the HMIS meets HEARTH Act requirements. The Honolulu CoC's HMIS dedicated project will work with the Balance of State CoC to use the funds for full time HMIS position and increase resources for HMIS software development. The CoC continues to emphasize how HMIS participation can increase funding opportunities for HUD funded programs, and increase awareness and participation among non-HUD funded providers in the HMIS.

2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Hawaii Department of Human Services

Street Address 1 1390 Miller St., Rm 209

Street Address 2

City Honolulu

State Hawaii

Zip Code 96813

Format: xxxxx or xxxxx-xxxx

Organization Type State or Local Government

If "Other" please specify Not applicable

Is this organization the HMIS Lead Agency in more than one CoC? Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Ms.
First Name Sandra
Middle Name/Initial
Last Name Miyoshi
Suffix
Telephone Number: 808-586-7072
(Format: 123-456-7890)
Extension
Fax Number: 808-586-5180
(Format: 123-456-7890)
E-mail Address: smiyoshi@dhs.hawaii.gov
Confirm E-mail Address: smiyoshi@dhs.hawaii.gov

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#), which can be accessed on the left-hand menu bar.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Monthly

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Not applicable.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	4%
* Date of Birth	0%	1%
* Ethnicity	0%	3%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	8%
* Disabling Condition	0%	27%
* Residence Prior to Program Entry	0%	5%
* Zip Code of Last Permanent Address	0%	31%
* Name	0%	0%

How frequently does the CoC review the quality of client level data? At least Monthly

How frequently does the CoC review the quality of program level data? At least Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

The lead agency hired an HMIS consultant in addition to its support and maintenance SHP grant for the improvement of data quality. Assistance is provided expeditiously via phone, email, site visits, or onsite training. Client & program level data are reviewed monthly for data quality. Workshops will continue to provide training on HMIS data quality and using HMIS data to assess program performance. Shelter operations funding is contingent upon maintaining data quality standards and timely HMIS data entry.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Contracts and agreements require agencies to enter HMIS data (including entry and exit data) within fifteen days after the previous month ends. Contract monitoring documents identify accurate data entry of intake and exit dates as a key procedure required by state homeless providers. Annual site visits ensure HMIS entry and exit dates are consistently matched to the entry and exit dates in the client files. Incorrect entry and exit dates require corrective action and procedural changes by the provider agency to ensure future accuracy. Future contracts and funding can be adversely affected by noncompliance with data quality standards.

Indicate which reports the CoC or subset of the CoC submitted usable data: 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans
(Select all that apply)

Indicate which reports the CoC or subset of the CoC plans to submit usable data: 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
(Select all that apply)

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? Yes

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts: At least Monthly

Point-in-time count of sheltered persons: At least Annually

Point-in-time count of unsheltered persons: At least Annually

Measuring the performance of participating housing and service providers: At least Monthly

Using data for program management: At least Monthly

Integration of HMIS data with data from mainstream resources: Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#), which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Monthly
* Locking screen savers	Never
* Virus protection with auto update	At least Monthly
* Individual or network firewalls	At least Monthly
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Monthly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 07/01/2008

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Annually
* Data Security training	At least Annually
* Data Quality training	At least Quarterly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	Never
* HMIS software training	At least Quarterly

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

How frequently does the CoC conduct a point-in-time count? annually (every year)

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/25/2011
(mm/dd/yyyy)

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 90-99%

Transitional Housing: 90-99%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

The 2010 Homeless Point In Time Count showed an overall 14.7% increase in homelessness between 2009 and 2010. Some of the increase can be attributed to the methodologies and techniques employed in 2010. According to survey coordinators and outreach workers, overall coordination and execution of the count improved from 2009 to 2010. The 2010 count made greater efforts to cover places that unsheltered homeless persons are known to congregate, including increasing coverage to places that serve no-cost meals, which may have contributed to more unsheltered persons being counted. The implementation of a coordinated "Super Tuesday" count along with continuing the count for the rest of the week provided field staff with more opportunities to encounter unsheltered homeless persons and to revisit sites that are known to be inhabited, but may have been sparsely occupied during initial visits. Additionally, the survey instruments were improved and shortened from the previous year, which made it easier for field staff to ask and receive survey responses.

2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on guessimates. CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).

The sheltered homeless count was primarily derived from HMIS client and intake data in the sheltered programs section for the night of January 25, 2010. Shelters were contacted prior to this date and instructed that all clients sleeping in their facility on the night of January 25, 2010, needed to be entered into the HMIS. Furthermore, agencies were advised to make sure that all client and intake data were up to date. Follow-up with individual service providers was also conducted to verify that the HMIS listing matched the nightly census. Shelters not participating in the HMIS (such as domestic violence shelters) were contacted individually to provide the number of homeless individuals and families residing at their shelters on the night of the January 25, 2010, in addition to providing specific subpopulation data.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy:	<input type="checkbox"/>
Provider expertise:	<input type="checkbox"/>
Interviews:	<input type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

Survey

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).

The sheltered homeless counts, including subpopulation data, were pulled from the sheltered section of the HMIS for the night of January 25, 2010. Shelters were contacted prior to this date and instructed to make sure that all client and intake data in the HMIS was correctly entered and up-to-date. Follow-up was also conducted to ensure that the numbers and data were accurate for the day of the count. Shelters not participating in the HMIS were contacted individually to provide all subpopulation data as well as the total number of homeless individuals and families residing at their shelters on the night of the January 25, 2010.

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count: (select all that apply)

Instructions:	<input type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

The CoC requested the mat logs from shelters on the night of the point-in-time count to corroborate the accuracy of its data in the HMIS.

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

Not applicable.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Not applicable.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: Known Locations

If Other, specify:

Not applicable.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count:
(select all that apply)**

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Not applicable.

Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

The unsheltered homeless count survey instruments were based on criteria contained within HUD's Guide to Counting Unsheltered Homeless. The 2010 HMIS PIT Count methodology required that all unsheltered persons identified be asked to complete a survey to obtain the name and/or unique identifying description of each person being counted so that persons could be entered into the HMIS database and unduplicated with confidence. When entering the surveys into the PIT Count section of the HMIS, the surveyed participant's name was first queried to ensure against duplication. After all surveys were entered into the PIT Count section of the HMIS, a query extracted unsheltered clients with a 1/25/10 encounter, and these encounters were linked to corresponding client data in the HMIS. The data was then exported into an Excel spreadsheet in order to report on the statistics mandated by HUD.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The State of Hawaii, in coordination with the CoC, has increased both emergency and transitional family shelter spaces available and the number of outreach workers serving families with children. Families with children living unsheltered are given a choice of options by outreach workers that vary in geography, program fee, program structure and building configuration. This array of options encourages many difficult-to-serve Native Hawaiian families to enter the system.

Outreach programs continue to work hard to help families with dependent children access shelters. Per the CoC's outreach plan, families are provided with assistance to obtain identification documents, access financial assistance, and obtain the homeless verification and TB testing required to enter shelters. Families with dependent children are a priority for outreach service providers who work with families until they are successfully housed and continue to assist them when they are first housed to ensure that the housing situation is stabilized and prevent clients from returning to homelessness.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Outreach services are provided by a network of agencies that target key unsheltered subpopulations including mentally ill, substance abusers, veterans, unaccompanied youth, single adults, and families w/children. Outreach programs use low-demand techniques to build trusting relationships and engage clients to accept services. Services are delivered in a welcoming and nonjudgmental manner. Some of the services offered include: basic services (food, clothing and hygiene), help obtaining ID, help accessing mainstream benefits and housing (public and private), rental deposits, referrals to mental health services, bus passes, employment assistance, and access to drug treatment. Chronically homeless individuals w/serious mental illness are served by specialized outreach workers (PATH, Safe Haven, etc.) and work with Dept. of Health funded Community-Based Case Management teams and substance abuse treatment agencies. Outreach workers canvas the island daily, visiting known locations including streets, parks, beaches, and under bridges where unsheltered homeless congregate and other public places. The HMIS tracks engagement of unsheltered persons. Service referrals are provided by a network of agencies and by current and former clients. Outreach programs also assist households w/moving their belongings when accepting shelter or permanent housing.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

Agencies with existing Shelter Plus Care (S+C) grants maximized the initial one-year renewal requests to expand the inventory and set aside existing permanent housing beds for the chronically homeless. S+C programs continue to lease units below Fair Market Rent to add more units to the inventory. The CoC continues to prioritize new CoC proposals that create permanent supportive housing beds for the chronically homeless. Leeward Housing Coalition, comprised of CoC member organizations in that part of Oahu, continues to explore converting some emergency & transitional units into permanent as families become more self-sufficient.

Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

See above response. In addition, the continuum continues to encourage submissions of permanent supportive housing proposals when HUD funding is available. The CoC continues to work with the State's Adult Mental Health Division, Public Safety, Alcohol and Drug Abuse Division, and Department of Human Services to identify possible service matches for permanent supportive housing programs. The CoC will continue advocating for the Rental Housing Trust Fund which receives on average \$30 million/year, and for the award of CDBG and HOME funds for the development of permanent supportive housing. CoC leadership also advocates with a Legislature-led Urban Caucus and the Honolulu City Council to evaluate potential State and City sites for development of permanent supportive housing, CoC advocacy also targets State and City departments to remove obstacles for development and to promote preservation of existing inventory of low income housing which currently house formerly homeless persons.

How many permanent housing beds do you currently have in place for chronically homeless persons? 247

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 253

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 313

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 388

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

THE PIC CoC already meets and exceeds this goal and will continue current strategies including ongoing supportive services to participants. Housing specialists and/or case managers advocate on behalf of tenants and promote self-empowerment; link clients to essential services; work with participants to ensure timely payment of rent; partner with landlords and property managers to meet the needs of tenants and address issues that may arise. As reduced case management services continues by the State of Hawaii, Adult Mental Health Division, the CoC will explore blending funding sources to ensure support for those who have been placed into permanent housing, including substance abuse services through the Alcohol and Drug Abuse Branch, and possible SNAP funding designated for Training and Employment. This will likely entail additional collaboration between agencies.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

The CoC shall continue to: promote collaboration between homeless providers (case management & housing) to help persons maintain housing; advocate for more case management (CM) funding resources to improve the capacity to follow individuals & families who leave emergency & transitional shelters, especially for persons with a history of substance abuse; and expand CM services for participants exiting into public housing. The CoC shall also continue advocating for the creation of more affordable rentals that shelter participants can access when exiting programs. Technical assistance will be offered to help agencies better track these outcomes & promote more staff focus on these outcomes.

**What is the current percentage of participants 89
remaining in CoC funded permanent housing
projects for at least six months?**

**In 12-months, what percentage of participants 89
will have remained in CoC funded permanent
housing projects for at least six months?**

**In 5-years, what percentage of participants 91
will have remained in CoC funded permanent
housing projects for at least six months?**

**In 10-years, what percentage of participants 91
will have remained in CoC funded permanent
housing projects for at least six months?**

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#), which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

For the 3rd straight year, the CoC exceeded the HUD goal of 65 percent of participants moving from transitional to permanent housing. CoC transitional projects will continue to provide comprehensive services that stabilize families and individuals over a 3 month to 2 year period and provide the foundation for a successful move to permanent housing. Specific housing supports also include classes on tenant/landlord relations, budgeting, employment/education opportunities, and provide assistance with credit repair and clearing bench warrants. CoC-funded Legal Aid Society of Hawaii shall provide classes on the landlord-tenant code, rental contracts, and other housing related legal issues. The CoC will continue to access rental assistance programs like Shelter Plus Care, HUD VASH, HOME-TRA, and HPRP to qualified households. Service providers will continue to assist consumers in systematically applying for public housing, Section 8, and affordable rentals.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

See above response. Agencies shall continue assisting households to increase their income to afford permanent housing. In addition, the CoC will advocate for more affordable options for households exiting transitional programs. This year the CoC increased involvement with a State legislator's "Urban Caucus," to pursue something similar to the "Landlord Liaison project in King County, Wa., which has had exemplary outcomes. The State of Hawaii intends to eventually convert some of its existing transitional shelters into permanent housing projects as individuals and families become more self-sufficient; the Leeward Housing Coalition is also discussing the conversion of some of its emergency & transitional units to become permanent. As the City & County of Honolulu moves forward with its light rail system, the CoC shall advocate that transit-oriented development include low-income housing as a priority.

What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 67

In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 66

In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 68

In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 69

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0% in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

With the prolonged economic downturn the CoC expects more difficulties in meeting this HUD goal. Despite the challenges, CoC programs will continue providing employment services and classes to participants, and helping clients apply for jobs, prepare for interviews, and retain employment. Households willing to obtain employment or increase their income can access the City's "Rent to Work" Program (HOME TBRA) for rental assistance and help seeking employment. The CoC-funded Institute for Human Services, will sustain and build additional relationships with businesses to create job opportunities for clients through an Employment support program and an Urban Garden Training program pilot beginning 11/20/10. CoC-funded Catholic Charities Hawaii will continue its Green Industries project that offers pre-training education and support services to help low-income homeless and immigrant adults enter energy sector training programs.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The CoC will implement strategies from the federal Strategic Plan to end homelessness among families with children. One initiative focuses on homeless prevention by creating a Rapid Rehousing clearinghouse to match private landlords and families that need a new rental. Homeless Households (HH) qualified for possible home-ownership get help applying for affordable homes & accessing home-ownership prep services. Emergency shelter clients are linked to mainstream services as quickly as possible through robust case management. Despite this work, the CoC foresees current economic conditions & funding reductions may result in the number of HH remaining near current levels. Compact of Free Association (COFA) families comprise a high percentage of HH in shelters; new arrivals of COFA families continue unabated. As families exit to permanent housing, there is already a waiting list to fill those slots. The CoC is optimistic, yet realistic, about this outcome.

- What is the current percentage of participants** 22
in all CoC funded projects that are employed
at program exit?
- In 12-months, what percentage of participants** 22
in all CoC funded projects will be employed
at program exit?
- In 5-years, what percentage of participants in** 24
all CoC funded projects will be employed at
program exit?
- In 10-years, what percentage of participants** 26
in all CoC funded projects will be employed
at program exit?

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)

The CoC will continue advocating for the State of Hawaii & Leeward Housing Coalition to convert existing emergency & transitional units into permanent housing as families become more self-sufficient. The CoC shall continue advocating for the creation of affordable rentals (continued & increased funding to the Rental Housing Trust Fund) so there are reasonable housing options for families w/children exiting shelters. Classes on tenant/landlord relations, budgeting, and employment/education options to increase income will continue to be provided at shelters to help families w/children gain skills to obtain & keep housing at program exit. The CoC will use programs like Shelter Plus Care, HUD VASH, HOME Tenant Based Rental Assistance, and HPRP to provide rental assistance to qualified households. Service providers will continue to assist consumers in applying for public housing, Section 8, and affordable rentals.

Describe the CoCs long-term (10-year) plan to decrease the number of homeless households with children. (limit 1000 characters)

See above response. Households (HH) identified for possible homeownership will be assisted in applying for affordable homes (i.e. Dept. of Hawaiian Home Lands) & obtaining services from programs that prepare families for homeownership (i.e. Hawaii Homeownership Center). The CoC will advocate for the federal government to provide additional resettlement services to Compact of Free Association families, which comprise a high percentage of HH residing in shelters & public housing. Although the Honolulu CoC shall continue being diligent with these initiatives, the CoC foresees that current economic conditions & funding reductions will result in the number of homeless HH remaining near current levels. Although the CoC will continue to successfully exit clients, into permanent housing, the CoC anticipates other families taking the place of these HH, maintaining the number of HH at current levels. The CoC is optimistic, yet realistic, about this outcome.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 569

In 12-months, what will be the total number of homeless households with children? 569

In 5-years, what will be the total number of homeless households with children? 560

In 10-years, what will be the total number of homeless households with children? 550

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC¿s efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

Hawaii Child Welfare mandates an Independent Living Transition Plan (ILTP) for foster youth to address housing & related needs upon discharge to prevent homelessness. Several CoC non-profits administer Independent Living Programs requiring participants to be in school or employed. Other agency collaborations between CoC and non CoC organizations provide an array of support services. CoC members participate in monthly discussions in a legislator's Keiki (Youth) Caucus focusing on Transition Age Youth. The group developed a Resource Map for transitioning youth at www.hawaiiTAY.blogspot.com.

The City continues its Section 8 Family Unification Program grant from HUD, which partners the City Section 8 rental assistance voucher program, the State, & CoC-funded Hale Kipa, to provide 100 Section 8 rental vouchers for youth aging out of foster care. Most persons discharged from the foster system successfully transition back to the biological family, to new families, or to independence as emancipated youth or adults.

Key partners include the State Department of Human Services - Child Welfare Services Branch, City & County of Honolulu, Honolulu CoC, Hawaii Youth Service Network, Child & Adolescent Mental Health Division, Adult Mental Health Division, the Hawaii State Legislature, Hale Kipa - the primary homeless youth service provider, and Partners in Development - a foundation that provides resources and training to adoptive families.

Health Care:

Discussions will continue, between Queen's Medical Center (QMC), Castle Hospital, State Legislature, Honolulu CoC and IHS - Honolulu's primary emergency shelter which receives the majority of hospital referrals for homeless discharges.

Hospital discharge options for homeless persons currently includes Ohana House, a 12-bed transitional home for medically fragile homeless operated by CoC member IHS. Hospital Case Managers also work with state-funded Adult Residential Care Homes and other licensed facilities in placement persons at-risk of homelessness into stable housing at discharge. IHS (emergency shelter) coordinates hospital discharges to ensure that healthcare is accommodated. Protocols for identifying homeless persons in community hospital ERs are the focus of a research infrastructure grant collaboration between the University of Hawaii School of Nursing, Queen's Medical Center and homeless service providers. This effort will promote improved information exchange to strengthen the continuity of care for homeless persons and track their exit from homelessness.

Collaborating agencies include QMC, Castle Hospital, IHS, Health Care for the Homeless, Oahu State Legislature, and the CoC.

Mental Health:

The State of Hawaii's Department of Health Adult Mental Health Division (AMHD) issued an administrative directive entitled "Zero Tolerance for Homelessness" in 2005 that addressed the vulnerability of homelessness and mandates a zero tolerance towards homelessness discharge. This remains official AMHD State policy.

Protocols include: 1) Mandatory discharge planning for all State Hospital patients approximately 90 days prior to discharge & to include assigned community case managers. 2) Placement into AMHD housing or other permanent or transitional living facilities during the discharge planning process. Provision of bridge subsidies to help consumers afford independent housing. 3) Individuals are not discharged until appropriate community housing is identified, and 4) Tracking of all individuals at-risk of losing housing after initial hospital discharge.

Those individuals managed by the AMHD-contracted case managers, who enter homeless shelters are afforded an opportunity to enter permanent supportive housing through Shelter Plus Care programs or group homes funded by the AMHD. Case Managers are also expected to incorporate a plan for transitioning the individual out of homelessness into permanent living arrangements in the Master Individualized Recovery Plan.

Partnering agencies include AMHD, multiple CoC service providers, State Hospital, contracted Medicaid Managed Care entities, Mental Health America and other advocacy groups.

Corrections:

In 2007, comprehensive legislation was passed that established new discharge policies for prisoners with mental health issues at-risk of becoming homeless or were homeless prior to incarceration. A policy has been established to refer him/her to AMHD for eligibility determination up to 6 months prior to release. Persons are assigned a case manager who participates in discharge planning and assumes responsibility upon release. An AMHD pilot program is underway to assist with housing placement & other re-entry needs. Funds for re-entry support have increased as has funds from the AMHD for more robust re-entry services. CoC agencies offer relapse prevention activities focused on accessing substance abuse/mental health services and rebuilding employment and social support competencies.

On-going pre-release residential programs with T.J. Mahoney serves men and women felons. The VA has recently allowed more direct placement to its VA transitional housing program. The City's WorkHawaii Division provides pre-release classes followed by job search & housing assistance. The majority of discharges are released to stable housing options. HMIS intake data show approximately 150 persons self-reporting as recently discharged from prison.

Partners include the State Department of Public Safety (DPS), Hawaii Paroling Authority, AMHD, State legislators, Community Alliance of Prisons. CoC members include IHS, U.S. VETS, Hina Mauka, Ho'omaui Ke Ola, and Salvation Army.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

Key goals of the Consolidated Plan covering the Continuum of Care that address homelessness/chronic homeless include:

- 1) SN-1 - Promote development of Transitional Housing
- 2) HP-1 - Provide funds to operate emergency and transitional shelters
- 3) HP-2 - Provide funds to allow provisions of social services targeted for homeless individuals
- 4) HP-3 - Provide funds for rental payments to prevent homelessness
- 5) HP-4 - Provide funds for renovation of existing shelters
- 6) PS-5 - Provide funds for substance abuse treatment
- 7) PS-6 - Provide funds for employment training

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

Notice of HPRP funding was disseminated via multiple avenues to all CoC member agencies. Time was dedicated at monthly general meetings and planning committee meetings to discuss the availability and eligibility requirements of funding. Multiple CoC agencies applied for HPRP funding. All five agencies awarded HPRP funding were active CoC members and experienced in the delivery of services similar to HPRP goals.

Current HPRP services include financial aid (rental, deposit, and utility assistance), case management (CM), housing placement, credit counseling, homeless prevention services and help obtaining ID documents. CoC partnerships allow HPRP awardees to: coordinate service hours to ensure beneficiary access; refer clients to other awardees when an agency reaches service capacity; and jointly offering free financial literacy classes taught by local bank staff.

HPRP funds were specifically used to modify Hawaii's HMIS to report HPRP activities and beneficiaries. From 10/1/09 to 10/31/10, a total of 2,457 persons in 1,178 households were served and sub-recipients provided over \$1 million in financial assistance. The City and County of Honolulu provides leadership for the CoC in updating and monitoring CoC members about the utilization and implementation of HPRP services.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Information on the availability of NSP funding was disseminated by the City and County of Honolulu to all CoC agencies and multiple CoC agencies expressed interest in funding. A total of \$5.5 million in NSP funds were awarded to two new Honolulu construction projects proposed by the City: 1) Housing Solutions Incorporated, a member of Partners in Care, Honolulu's CoC, is the nonprofit developer of Seawinds, a 50-unit rental project which received \$3,500,000 in NSP funds, 2) Ewa Apartments, is being developed by nonprofit developer Hui Kauhale with \$2,000,000 in NSP funds.

The State of Hawaii received the third round of VASH voucher funds bringing the total to over 200 vouchers awarded. Information about the VASH program was shared with Partners in Care by VA officials and the State of Hawaii Public Housing Authority who administers the vouchers. Key agencies serving veterans including U.S. VETS and IHS coordinate with VA-VASH officials to refer eligible veterans currently living in emergency and transitional shelters. Approximately 50% of VASH-recipients come directly from CoC agency referrals. VA-VASH officials update CoC member agencies about the availability of remaining VASH vouchers to help target veterans most in need. HPRP-funded agencies also coordinate with the VASH program through the delivery of security deposit assistance to tenants.

Information about ARRA programs was disseminated by the City and County of Honolulu through email to all CoC agencies and at monthly meetings. CDBG-R funds were awarded to 3 CoC agencies: Alternative Structures International, Legal Aid Society of Hawaii, and Gregory House Programs. HPRP funds were awarded in 2009 to 5 CoC agencies who deliver rent and utility deposit assistance, legal services, housing counseling, and short-term case management services. HPRP-funded agencies update partner members as to the continued availability and implementation of the HPRP funds.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place.

All unsheltered homeless children encountered by the outreach teams must show evidence of school enrollment and attendance as required by law. Additionally, if the family has newly moved to the area and not made connection with the Dept. of Education (DOE) for appropriate continuation of school attendance or new enrollment in the area school, the outreach teams will facilitate the effort by contacting the McKinney-Vento liaison for the DOE.

Within the shelter system, all shelter providers ensure that the children are attending their school of choice by facilitating the transportation to ensure attendance.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

In addition to the policies above, and the ongoing volunteer educational efforts taking place in shelter, in August 2010, shelter providers were briefed by the DOE McKinney-Vento liaison, on how to fill out the packet of information that parents must complete in the beginning of each school year in order to access various services being offered such as the free school lunches, transportation, school uniforms, and tutoring which is available to homeless children. The shelter providers ensure that the parents complete the forms correctly and turn them in to access services for their children in the State school system.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The CoC membership worked with the Hawaii Head Start Coordinator, the State Homeless Programs Office, and the Department of Education to develop and implement the Hawaii Summit: Partnering to Meet the Needs of Young Children Living with Homelessness. The summit brought together a cross section of State-wide educators, homeless provider agencies and government representatives on June 22, 2010. National models of promising practices to improve learning outcomes for children were presented, as well as an overview of effective programs available to homeless children. A State vision was established, "All of Hawaii's children are safe, healthy and ready to succeed." As a result of the summit, ongoing work on priority actions will continue to ensure the vision.

The new DOE McKinney-Vento director will join the CoC collaboration. Additionally, the University of Hawaii Center on the Family drafted a Memorandum of Agreement to work with the DOE to share the information on services being provided to homeless children, and ultimately to measure the success of the programs in increasing readiness to succeed.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

There are six non-profit agencies that serve the vast majority of homeless veterans (annual veterans served in parentheses): 1) U.S. VETS (600) - operates a 98-bed Per Diem program, DOL-HVRP services, and permanent supportive housing program, 2) IHS (150) - provides emergency shelter, 3) H5 (40) - provides emergency shelter, 4) Network Enterprises (200) - provides DOL-HVRP services, 5) Mental Health America (70), DOL funding to serve Homeless Women/Families, and 6) Care-A-Van (150) - provides drop-in and outreach. Cloudbreak Hawaii, LLC provides 150 units of veterans housing. Other CoC agencies serve veterans to a lesser extent with family and transitional services. The VA coordinates with the Per Diem program and implements the VASH program with all CoC agencies.

The CoC efforts directly support the VA Secretary's Five-year Plan to End Homelessness Among Veterans. The annual point-in-time count and HMIS system specifically monitors the level of homelessness among veterans. The two primary veterans agencies - U.S. VETS and IHS - have published empirically-based findings showing the decrease in emergency shelter usage by veterans. HMIS statistics have also shown a decrease in homelessness among veterans in the past 3 years. U.S. VETS is currently working on a Hawaii-specific plan to parallel the national five-year plan to be presented to the Co, which includes monitoring the five HUD strategic performance goals specifically among the veterans population.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? Yes

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

3E. Hold Harmless Need (HHN) Reallocation - Grant(s) Eliminated

Eligible CoCs who's FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by eliminating one or more of its expiring SHP grants. CoCs that are eliminating projects entirely must identify those projects here. Click on the to enter information on grant(s) that will be eliminated.

Amount Available for New Project: (Sum of All Eliminated Projects)			
Eliminated Project Name	Grant_Number_Eliminated	Component Type	Annual Renewal Amount
This list contains no items			

3F. Hold Harmless Need (HHN) Reallocation - Grant(s) Reduced

Eligible CoCs who's FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by reducing the grant amount for one or more of its expiring SHP grants. CoCs that are eliminating projects entirely must identify those projects here. Click on the to enter information on grant(s) that will be reduced.

Amount Available for New Project (Sum of All Reduced Projects)					
\$68,000					
Reduced Project Name	Reduced Grant Number	Project Name	Annual Renewal Amount	Amount Retained	Amount available for new project
Transitional Livi...	HI0036B9C010802	---	\$136680	\$136000	\$680
Ka 'Oahu Hou O Manoa	HI0041B9C010901	---	\$187433	\$183498	\$3935
PACT	HI0030B9C010802	---	\$92400	\$29015	\$63385

3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2010 HHN Reallocation process. CoCs should refer to the final approved 2010 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#), which can be accessed on the left-hand menu bar.

Reduced Project Name: Transitional Living Program Housing and Support for Homeless Young Adults

Grant Number of Reduced Project: HI0036B9C010802

Reduced Project Current Annual Renewal Amount: \$136680

Amount Retained for Project: \$136000

Amount available for New Project: \$680
(This amount will auto-calculate by selecting "Save" button)

3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2010 HHN Reallocation process. CoCs should refer to the final approved 2010 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#), which can be accessed on the left-hand menu bar.

Reduced Project Name: Ka 'Ohu Hou O Manoa

Grant Number of Reduced Project: HI0041B9C010901

Reduced Project Current Annual Renewal Amount: \$187433

Amount Retained for Project: \$183498

Amount available for New Project: \$3935
(This amount will auto-calculate by selecting "Save" button)

3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2010 HHN Reallocation process. CoCs should refer to the final approved 2010 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Reduced Project Name: PACT

Grant Number of Reduced Project: HI0030B9C010802

Reduced Project Current Annual Renewal Amount: \$92400

Amount Retained for Project: \$29015

Amount available for New Project: \$63385
(This amount will auto-calculate by selecting "Save" button)

3G.Hold Harmless Need (HHN) Reallocation - Proposed New Project(s)

Eligible CoCs who's FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by reducing the grant amount for one or more of its expiring SHP grants. CoCs must identify if the new projects that it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$68,000

Current Priority #	New Project Name	Program Type	Component Type	Transferred Amount
1	H...	SHP	HMIS	\$68,000

3G.Hold Harmless Need (HHN) Reallocation - Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in 2010. CoCs may only reallocate funds to new permanent housing (SHP-PH, S+C, or SRO) projects or dedicated HMIS projects.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

2010 Rank (from Project Listing): 1

Proposed New Project Name: HMIS Dedicated Project

Program Type: SHP

Component Type: HMIS

Amount Requested for New Project: \$68,000

3H. Hold Harmless Need (HHN) Reallocation - Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G. The last field, ¿Remaining Reallocation Balance¿ should indicate \$0. If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) request. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of ¿Reallocated funds available for new project(s).

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Reallocated funds available for new project(s)	\$68,000
Amount requested for new project(s)	\$68,000
Remaining Reallocation Balance	\$0

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled "2009 Proposed Numeric Achievement", enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled "Actual Numeric Achievement", enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter "No" to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	15	Beds	54	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	81	%	89	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	67	%	67	%
Increase percentage of homeless persons employed at exit to at least 20%	21	%	22	%
Decrease the number of homeless households with children.	484	Households	569	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

CoC met all HUD national objective goals except Goal 5 - the reduction in the number of homeless households with children. A more detailed analysis shows that over 90% of the increase was due to the expansion of shelter capacity on Oahu, with sheltered families increasing from 447 households to 527 households. Unsheltered family households represents less than 10% of households and rose only slightly from 37 (153 persons) to 42 families (176 persons). The improved implementation of the 2010 Point-in-Time count likely accounts for the unsheltered increase. It is not believed that there was any real increase in unsheltered families with children over the past year.

The CoC agencies are focusing on converting some existing shelters into permanent housing units to decrease the number of homeless households in the future. In general, the CoC prioritizes reducing unsheltered homeless families and families in emergency shelters over families in transitional apartments.

Analysis of HMIS data continue to show the number of homeless households with children is stable or decreasing among most ethnic groups in Hawaii including Native Hawaiians. Most of the recent increase is due to the continued influx of Compact of Free Association families, that currently occupy approximately 30 percent of homeless facilities despite being less than 2 percent of Oahu population.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year's Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	225	178
2009	486	193
2010	569	247

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010. 54 (35 via set-asides, 19 via new CoC agency)

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

Cost Type	HUD McKinney- Vento	Other Federal	State	Local	Private
Development					
Operations					
Total	\$0.	\$0	\$0.	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

2009 chronic homeless number rose from previous year due to improved PIT methodology & data collection rather than actual number increasing significantly. 2007 & 2009 PIT counts used dissimilar methods & preclude valid comparison: 1) 2009 assigned field staff to their normal outreach areas so persons may have felt secure disclosing disability to familiar staff; 2) 2007 disabling survey question read a list of conditions & persons answered yes or no to having any of them. 2009 asked if persons have "disabilities limiting ability to work or perform activities of daily living" & 3) 2007 used sampling method & 2009 surveyed all encounters; allowed more detailed data on persons surveyed. Future counts will use 2009 method for better comparison.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field a-e. The Total PH % will be auto-calculated after selecting Save . Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select No to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	87
b. Number of participants who did not leave the project(s)	487
c. Number of participants who exited after staying 6 months or longer	75
d. Number of participants who did not exit after staying 6 months or longer	436
e. Number of participants who did not exit and were enrolled for less than 6 months	87
TOTAL PH (%)	89

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select *Save*. The *Total TH %* will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	515
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	344
TOTAL TH (%)	67

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select *Save* and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 1,178

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	169	14	%
SSDI	66	6	%
Social Security	22	2	%
General Public Assistance	171	15	%
TANF	147	12	%
SCHIP	73	6	%
Veterans Benefits	55	5	%
Employment Income	263	22	%
Unemployment Benefits	18	2	%
Veterans Health Care	104	9	%
Medicaid	70	6	%
Food Stamps	246	21	%
Other (Please specify below)	51	4	%
Child Support, Pension			
No Financial Resources	253	21	%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

Continuum of Care providers meet at least once a year to review the APR data for accuracy and to discuss barriers and suggestions to improving access to mainstream services. The CoC shall continue to monitor the three primary APR performance goals of permanent housing, transitional to permanent placement, and employment upon program exit. The CoC Planning Committee has encouraged members and awardees to seek technical assistance if performance is not meeting objectives.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

November 19, 2009
December 17, 2009
February 18, 2010
March 18, 2010
April 15, 2010
May 20, 2010
June 17, 2010
August 19, 2010
October 21, 2010
November 19, 2009

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. annually (every year)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

Data elements that gather information on household income, household structure, disability and current mainstream cash and in-kind benefits received by program participants (SSI, TANF, Food Stamps, Vocational Rehabilitation, public mental health services, substance abuse services, etc.) assists provider staff to screen for benefit eligibility and the need to apply for mainstream programs. Eligibility for various subsidized housing options is also screened.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

On September 27-28, 2006 and October 25-26, 2006 CoC members participated in the large SOAR trainings done by national trainers. A State Adult Mental Health Division (AMHD) staff received SOAR trainer certification and has been doing trainings as requested every two months. However, because of limited state resources the trainings have been mostly with AMHD staff. The trainer is willing to work with CoC members if the members coordinate the logistics to ensure enough participants to make the event cost-effective.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Provider staff assist clients with completing applications for mainstream programs at intake as part of the participants' service plans. Providers also assist clients with applying for and receiving IDs/birth certificates/social security cards/passports, food stamps, medical and disability insurance and linking them to other service providers who offer employment assistance, ESL and GED classes. Staff also helps with appeals from mainstream benefits denials.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	85%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
Not applicable.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	95%
4a. Describe the follow-up process:	
Provider staff follows up with program participants on their service plans, which also includes checking the status of their mainstream benefits applications. Depending on the program, initial follow up is typically provided by case managers/staff advocates within 30 days of initial application and then on an on-going basis until receipt of benefits has been achieved or to see whether or not additional steps need to be made. Programs report receipt of benefits on discharge/exit report. Some also report and discuss clients' mainstream benefits status at regular staff meetings.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Continuum of Care...	2010-10-20 20:57:...	1 Year	Child and Family ...	84,488	Renewal Project	SHP	SH	F
Transitiona I Livi...	2010-10-19 23:56:...	1 Year	Hale Kipa, Inc.	136,000	Renewal Project	SHP	TH	F
Headway House 2010	2010-10-19 17:27:...	1 Year	Steadfast Housing...	207,198	Renewal Project	SHP	PH	F
HUD Homeless Holi...	2010-10-19 14:49:...	1 Year	Legal Aid Society...	64,669	Renewal Project	SHP	SSO	F
HKO 2010	2010-11-15 22:44:...	1 Year	Honolulu CoC	185,147	Renewal Project	SHP	TH	F
Ahukini Group Hom...	2010-10-19 17:15:...	1 Year	Steadfast Housing...	27,874	Renewal Project	SHP	TH	F
CCH 2010	2010-11-15 22:11:...	1 Year	Honolulu CoC	133,607	Renewal Project	SHP	TH	F
Kalaeloa Permanen. ..	2010-10-20 19:11:...	1 Year	United States Vet...	142,282	Renewal Project	SHP	PH	F
Communit y Residen...	2010-10-20 16:53:...	1 Year	Gregory House Pro...	363,080	Renewal Project	SHP	TH	F
Ka 'Ohu Hou O Manoa	2010-10-13 16:39:...	1 Year	The Salvation Arm...	183,498	Renewal Project	SHP	TH	F
ATS Homeless Offe...	2010-10-18 15:47:...	1 Year	The Salvation Arm...	289,302	Renewal Project	SHP	TH	F
Home At Last 2010	2010-11-18 01:47:...	1 Year	Honolulu CoC	1,259,856	Renewal Project	S+C	TRA	U

Shelter Plus Care...	2010-10-21 02:16:...	1 Year	Hawaii Department...	478,644	Renewal Project	S+C	TRA	U
Barbers Point Vet...	2010-10-19 10:33:...	1 Year	United States Vet...	341,263	Renewal Project	SHP	TH	F
Housing Veterans ...	2010-10-21 17:20:...	2 Years	United States Vet...	499,978	New Project	SHP	PH	X
Home Sweet Home	2010-10-21 17:12:...	5 Years	IHS, The Institute...	453,480	New Project	S+C	TRA	P2
Komo Mai Group Ho...	2010-10-19 17:24:...	1 Year	Steadfast Housing...	36,960	Renewal Project	SHP	PH	F
dba Ohana Ola O k...	2010-10-20 22:33:...	1 Year	Alternative Struc...	147,175	Renewal Project	SHP	TH	F
HMIS Dedicated Pr...	2010-11-17 14:07:...	1 Year	Honolulu CoC	68,000	New Project	SHP	HMIS	F1
PACT	2010-11-13 03:30:...	1 Year	Parents And Child...	29,015	Renewal Project	SHP	TH	F
Safe Haven	2010-10-21 20:12:...	1 Year	Mental Health Kokua	876,273	Renewal Project	SHP	SH	F
Vancouver House 2010	2010-10-15 15:49:...	1 Year	Housing Solutions...	55,132	Renewal Project	SHP	TH	F
KPHC 2010	2010-11-15 21:32:...	1 Year	Honolulu CoC	1,982,484	Renewal Project	S+C	TRA	U
SHDC 1 - 2010	2010-11-18 16:18:...	1 Year	Honolulu CoC	1,587,984	Renewal Project	S+C	TRA	U
Kaukama Group Hom...	2010-10-19 17:20:...	1 Year	Steadfast Housing...	29,653	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$3,400,616
Permanent Housing Bonus	\$453,480
SPC Renewal	\$5,308,968
Rejected	\$499,978

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	ConPlan 2010 Cert	11/18/2010

Attachment Details

Document Description: ConPlan 2010 Cert

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